



South Dakota Board of Nursing  
South Dakota Department of Health  
4305 South Louise Avenue Suite 201  
Sioux Falls SD 57106-3115  
(605) 362-2760 Fax: (605) 362-2768

Nurse Aide  
**Application for *Re-Approval* of Training Program**

**\*Allow up to 5-7 business days for the SDBON to process your application\***

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to [ARSD 44:74:02:07](#). Approval status is granted for a two-year period.

To request approval of a NATP, complete and submit this application along with required documentation to the Board of Nursing by faxing to the number listed above or email to [Tessa.Stob@state.sd.us](mailto:Tessa.Stob@state.sd.us). Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address of **Program Coordinator**: \_\_\_\_\_

Email Address of **Primary Instructor**: \_\_\_\_\_

**Select option(s) for Re-Approval:**

- ☐ Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum.
1. List personnel and licensure information
  2. Complete evaluation of the curriculum
- ☐ Request re-approval with faculty changes and/or curriculum changes
1. List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
  2. Complete evaluation of the curriculum

**1. List Personnel and Licensure Information:**

**Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training ([ARSD 44:74:02:10](#)).

- ☐ If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)



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**Primary Instructor** must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material ([ARSD 44:74:02:11](#)). The Director of Nursing (DON) may not perform training ([ARSD 44:74:02:10](#)).

- *If requesting new Primary Instructor :*
  - ☐ Attach curriculum vita, resume, or work history.
  - ☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)

**Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist ([ARSD 44:74:02:12](#)).

- ☐ *If requesting new Supplemental Personnel* attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

**Complete Evaluation of the Curriculum:** Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to [ARSD 44:74:02:15](#)), the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
• Program was no less than 75 hours.		
• Provided minimum 16 hours of instruction prior to students having direct patient contact.		
• Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.		
• Provided instruction on each content area (see <a href="#">ARSD 44:74:02:15</a> ):		
• Basic nursing skills		
• Personal care skills		
• Mental health and social services		
• Care of cognitively impaired clients		
• Basic restorative nursing services		
• Residents' rights		
• Students did not perform any patient services until after the primary instructor found the student to be competent		
• Students only provided patient services under the supervision of a licensed nurse		
• Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association).		



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**2. Identify the approved curriculum(s) your NATP will use:**

- ☐ How To Be a Nurse Assistant Blended/Online Training Program
- ☐ Avera Education & Staffing Solutions (AESS) Online Curriculum
- ☐ We Care Online
- ☐ American Health Care Association - How to be a Nurse Assistant
- ☐ Hartman's Nursing Assistant Care - Long Term Care and Home Care, 3rd Edition
- ☐ Hartman's Nursing Assistant Care - The Basics, 4th Edition
- ☐ Medcom, Inc - The New Nursing Assistant, 8th Edition
- ☐ Mosby's Essentials for Nursing Assistants
- ☐ Nebraska Health Care Association

**Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**This section to be completed by the South Dakota Board of Nursing**

Date Application Received:	Date Application Denied:
Date Approved:	Reason for Denial:
Expiration Date of Approval:	
Board Representative:	